# FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# **FORM D**

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

1391536
OMB APPROVAL

OMB Number: 3235-0076 April 30, 2008 Expires:

16.00

Estimated average burden hours per response . . . .

SEC USE ONLY							
Prefix Serial							
DA	TE RECE	IVED					

	<u> </u>					
Name of Offe	ting ( check if this is an an	nendment and name h	as changed, and indic	rate change.)		
AHM Holdin	ngs I, Inc. Offering of Series	A Convertible Prefe	rred Stock			
	(Check box(es) that apply):	☐ Rule 504 ☐ Amendment	□ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
			BASIC IDENTIFICA	ATION DATA		S CROWN DESIGN OF THE COMPLETE CONTRACTOR
	nformation requested about the					
Name of Issue AHM Holdin		amendment and nan	ne has changed, and in	ndicate change.)		
	Executive Offices	1)	Number and Street, Ci	ty, State, Zip Code)	Telephone Number (1	07084553
	on Capital Partners II, L.P.					
	ampshire Ave., NW, Suite 66				202-337-7500	
	Principal Business Operations from Executive Offices)	(1	Number and Street, Ci	ty, State, Zip Code)	Telephone Number (Inc	luding Area Code)
	tion of Business				. <b></b>	
. <u>x</u>	ness Organization I corporation I business trust	☐ limited partners	hip, already formed hip, to be formed	☐ Other (pleas	se specify)	
		Me	onth Year			PROCESSED
Actual or Esti	imated Date of Incorporation o	r Organization: 1	2 0 6	★ Actual	☐ Estimated	DEC 1 1 2007
Jurisdiction of	f Incorporation or Organization	n (Enter two-letter U.	S. Postal Service abbi			DEC 2001
		CN for Cana	da; FN for other forei	gn jurisdiction)	DE	THOMSON
GENERAL I	INSTRUCTIONS				•	
Federal: Who Muss File: A	all issuers making an offering of securities	s in reliance on an exemption	n under Regulation D or Secti	on 4(6), 17 CFR 230.501 et	seq. or 15 U.S C. 77d(6)	
	notice must be filed no later than 15 days is given below or, if received at that address					n (SEC) on the earlier of the date it is received by the
Where to File: U.S	S Securities and Exchange Commission,	450 Fifih Street, N.W., Wasl	hington, D.C. 20549.			
Copies Required:	Five (5) copies of this notice must be file	d with the SEC, one of which	h must be manually signed.	Any copies not manually sign	ned must be photocopies of the man	ually signed copy or bear typed or printed signatures
Information Requi	ired: A new filing must contain all inform eviously supplied in Parts A and B. Part	nation requested. Amendme E and the Appendix need no	nts need only report the nam t be filed with the SEC.	e of the issuer and offering,	any changes thereto, the information	n requested in Part C, and any material changes from

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 8

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

	☑ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partne
ull Name (Last name first, if	individual)				
rlington Capital Partners					· · · · · · · · · · · · · · · · · · ·
Business or Residence Addres	ss (Number and Sin	eet, City, State, Zip Code)			
600 New Hampshire Ave., N					
Check Box(es) that Apply:	☐ Promoter	☑Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partner
full Name (Last name first, if	individual)				
CMJL Holdings, Inc.					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
840 Morris Avenue, Union	NJ 07083				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
full Name (Last name first, if	individual)				ivianaging Laturei
Manos, Peter					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
			ite 660, Washington, D.C. 20		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if	individual)	****	· · · · · · · · · · · · · · · · · · ·	-	trianaging turner
Bates, John					
Bates, John Business or Residence Addres	s (Number and Stre	ect, City, State, Zip Code)			
Business or Residence Addres			14. ((0. W. hi - 4 D.C. 20		
Business or Residence Addres			ite 660, Washington, D.C. 20	1037 🗵 Director	☐ General and/or
Business or Residence Address  O Arlington Capital Partne Check Box(es) that Apply:	ers II, L.P., 600 No	w Hampshire Ave., NW, Su			☐ General and/or Managing Partner
Business or Residence Address  To Arlington Capital Partne	ers II, L.P., 600 No	w Hampshire Ave., NW, Su			
Business or Residence Address  For Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if  McMurtry, Kevin	rs II, L.P., 600 No ☐ Promoter individual)	w Hampshire Ave., NW, Su ☐ Beneficial Owner			
Business or Residence Address  To Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if	rs II, L.P., 600 No ☐ Promoter individual)	w Hampshire Ave., NW, Su ☐ Beneficial Owner			
Business or Residence Address  For Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if  McMurtry, Kevin	Promoter individual)	Beneficial Owner  Beneficial Owner  eet, City, State, Zip Code)			
Business or Residence Address  To Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if  McMurtry, Kevin  Business or Residence Address	Promoter individual)	w Hampshire Ave., NW, Su ☐ Beneficial Owner			Managing Partner  ☐ General and/or
Business or Residence Address  For Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if McMurtry, Kevin Business or Residence Address  1840 Morris Avenue, Union	Promoter individual)  is (Number and Strate), NJ 07083	Beneficial Owner  Beneficial Owner  eet, City, State, Zip Code)	☑ Executive Officer	☑ Director	Managing Partner
Business or Residence Address of Arlington Capital Partne Check Box(es) that Apply: Full Name (Last name first, if McMurtry, Kevin Business or Residence Address 2840 Morris Avenue, Union, Check Box(es) that Apply: Full Name (Last name first, if Brady, Jeffrey	ers II, L.P., 600 No Promoter individual) is (Number and Strong NJ 07083 Promoter individual)	Beneficial Owner  Deet, City, State, Zip Code)  Beneficial Owner	☑ Executive Officer	☑ Director	Managing Partner  ☐ General and/or
Business or Residence Address  Lo Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if  McMurtry, Kevin  Business or Residence Address  2840 Morris Avenue, Union. Check Box(es) that Apply:  Full Name (Last name first, if	ers II, L.P., 600 No Promoter individual) is (Number and Strong NJ 07083 Promoter individual)	Beneficial Owner  Deet, City, State, Zip Code)  Beneficial Owner	☑ Executive Officer	☑ Director	Managing Partner  ☐ General and/or
Business or Residence Address of Arlington Capital Partne Check Box(es) that Apply: Full Name (Last name first, if McMurtry, Kevin Business or Residence Address 2840 Morris Avenue, Union, Check Box(es) that Apply: Full Name (Last name first, if Brady, Jeffrey	Promoter individual)  S (Number and Strong No. 100 Promoter and Strong No. 100 Promoter individual)  S (Number and Strong No. 100 Promoter and	Beneficial Owner  Deet, City, State, Zip Code)  Beneficial Owner	☑ Executive Officer	☑ Director	Managing Partner  ☐ General and/or
Business or Residence Address  Lo Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if  McMurtry, Kevin  Business or Residence Address  Letter Box(es) that Apply:  Full Name (Last name first, if  Brady, Jeffrey  Business or Residence Address  Business or Residence Address	Promoter individual)  S (Number and Strong No. 100 Promoter and Strong No. 100 Promoter individual)  S (Number and Strong No. 100 Promoter and	Beneficial Owner  Deet, City, State, Zip Code)  Beneficial Owner	☑ Executive Officer	☑ Director	Managing Partner  ☐ General and/or  Managing Partner.  ☐ General and/or
Business or Residence Address  Lo Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if  McMurtry, Kevin  Business or Residence Address  Letter Box(es) that Apply:  Full Name (Last name first, if  Brady, Jeffrey  Business or Residence Address  Brady, Jeffrey  Business or Residence Address  Letter Box(es) that Apply:  Business or Residence Address  Brady, Jeffrey  Business or Residence Address  Letter Box(es) that Apply:  Letter Box(es) that Appl	individual)  Is (Number and Strong Promoter individual)  Is (Number and Strong Promoter individual)  Is (Number and Strong Number and Stro	ex Hampshire Ave., NW, Su  Beneficial Owner  ext, City, State, Zip Code)  Beneficial Owner	⊠ Executive Officer      ⊠ Executive Officer	☑ Director	Managing Partner  ☐ General and/or  Managing Partner
Business or Residence Address  Lo Arlington Capital Partne Check Box(es) that Apply:  Full Name (Last name first, if  McMurtry, Kevin Business or Residence Address  1840 Morris Avenue, Union, Check Box(es) that Apply:  Full Name (Last name first, if  Brady, Jeffrey Business or Residence Address  1840 Morris Avenue, Union, Check Box(es) that Apply:	individual)  Is (Number and Strong Promoter individual)  Is (Number and Strong Promoter individual)  Is (Number and Strong Number and Stro	ex Hampshire Ave., NW, Su  Beneficial Owner  ext, City, State, Zip Code)  Beneficial Owner	⊠ Executive Officer      ⊠ Executive Officer	☑ Director	Managing Partner  ☐ General and/or  Managing Partner.  ☐ General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFORMA	TION ABOU	T OFFERI	NG				
) Has t	ha iccuar cold	or does the	iccuar intor	d to sall to	non occead	ited invactors	in this off	rina?			Yes	No ⊠
i, mast	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										ы	اما
2. What	is the minimu	ım investme				•	_				. \$ <u>N/</u>	Δ.
2. ********	13 the manne	in mrestine	.ne that will	oc accepted	nom any n	idividuai	*****************	*****************	••••••••••	***************************************	Yes	No
3. Does the offering permit joint ownership of a single unit?												
4. Enter the information required for each person who has been or will be paid or given, directly or indirectly, any commission												
listed of the	nilar remuners is an associate broker or death the inform	ed person or aler. If mor	r agent of a e than five	broker or de (5) persons t	aler registe	red with the	SEC and/or	with a state	or states, li	st the name		
Full Name	(Last name firs	t, if individua	l)									<del></del>
Duff & Ph	elps, LLC											
	Residence Ad	dress (Numbe	er and Street,	City, State, Z	ip Code)							
1170 B	L C N	E C-4- 1/20	\	'- 20200								
	htree Street, N ssociated Broke		AURDIA, Ge	orgia 30309								<del></del>
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[RI]	įscj	įsdj	[TN]	[TX]	[UT]	(TVI)	[AV]	[WA]	[WV]	[WI]	[WY]	(PR)
VM Equit Business of 350 Park /	(Last name firs y Partners, Inc r Residence Ad- Avenue, 10 <sup>th</sup> F ssociated Broke	dress (Numbe	er and Street,		p Code)							
Bryce May					<del></del>							······································
	hich Person Lis											<b>5</b>
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Full Name	(Last name firs	t, if individua	1)				(*24)		[***]	(wi)	[W1]	
Full Name		t, if individua	1)				(77)	[77]		į wij	[W1]	10.13
Full Name Business of	(Last name firs	t, if individua	1)							(wij	(WT)	1.11
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Full Name Business of Name of A	(Last name firs	t, if individua dress (Numbe er or Dealer sted Has Solid	er and Street,	City, State, Zi	p Code) urchasers	[(1)				(wi)	[W1]	C All States
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C	OFFEDING PRICE	NIMBED	OF INVESTORS	EVPPNOFC A	ND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this bound and indicate in the columns below the amounts of the securities offered for exchange and alread exchanged.	X				
	Type of Security		Aggregate Offering Price		Am	ount Already Sold
	Debt	\$_	18,500,000	\$	18	3,500,000
	Equity	<b>S</b> _	0	\$	0	
	☐ Common ☐ Preferred					
	Convertible Securities (including Warrants)	S	6,000,000 <sup>(1)</sup>	s	6.	000,000
	Partnership Interests		0		0	
	Other (Specify)		0		0	
	Total		24,500,000			1,500,000
	1041	•	2.1.200,000	•		1,500,000
2.	Answer also in Appendix, Column 3, if filing under ULOE.  Enter the number of accredited and non-accredited investors who have purchased securities in the					
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indica the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggragata
	A Pro-II		Number Investor	rs	Do o	Aggregate ollar Amount of Purchases
	Accredited Investors			_	_	24,500,000
	Non-accredited Investors		-	_	\$_	
	Total (for filings under Rule 504 only)		<u>N/A</u>	_	<b>\$</b>	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the fir sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	es st				
			Type of		D	ollar Amount
	Type of offering		Security			Sold
	Rule 505		N/A		\$	N/A
	Regulation A		N/A	_	\$	_N/A
	Rule 504		N/A	_	<b>S</b> _	N/A
	Total		N/A	_	<b>S</b> _	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	ie ot		0	s	-0-
	Printing and Engraving Costs				\$	-0-
	Legal Fees		•••••	$\boxtimes$		692,500
	Accounting Fees			¥		159,409
	Engineering Fees					-0-
	Sales Commissions (specify finders' fees separately)			×		300,000 (2)
	Other Expenses (identify) Miscellaneous Fees			×		30,000
	Total			×		1,181,909
				-	Ψ	.,,
	Series A Convertible Preferred Stock. Placement Agent Fee.					

	C. OFFERING PRICE, NUMBER OF	· IIV ESTORS, EAFEINSES	ANDU	DE UI	TROCEED		
	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to 1 the "adjusted gross proceeds to the issuer."	Part C - Question 4.a. Th	is differ	ence is	S		\$ 23,318,091
5.	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response.	or any purpose is not kno ne total of the payments lis	wn, furr ted mus	iish ar t equa	ı		<u> </u>
					Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and Fees		×	\$	225,000	o	\$ 540,000
	Purchase of real estate			\$	-()-		\$ -0-
	Purchase, rental or leasing and installation of machinery an			\$	-0-		\$
	Construction or lease of plant buildings and facilities	• •		\$	-0-		\$
	Acquisition of other businesses (including the value of secon offering that may be used in exchange for the assets or secon offering that may be used in exchange for the assets or second of the seco	urities involved in this urities of another					
	issuer pursuant to a merger)			\$	-0-		\$ 22,352,001
	Repayment of indebtedness			\$	-0-		\$ 201,090
	Working capital			<b>s</b>	-0-		\$
	Other (specify)			s	-0-		\$
	Total Payments Listed (column totals added)			\$	225,000 区\$	🗵	\$ 23,093,091
The issu	D. FE er has duly caused this notice to be signed by the undersi c constitutes an undertaking by the issuer to furnish to the	gned duly authorized per	son. If	this n	otice is file	d under Ri	ale 505, the following
	ion furnished by the issuer to any non-accredited investor pu				ission, upor	·	equest of his sum, in
Issuer	(Print or Type)	Signature /				_	Date
AHM	Holdings I, Inc.	KM			<del></del>		12/4/2007
N1	of Signer (Print or Type)	70'd CO: (D': 2					1
Name (	0. 0.6er (1.1 0. 1.)pc/	Title of Signer (Print or T	'ype)				

L		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently sub of such rule?		Yes No <sup>(3)</sup>
	See A	ppendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to 239.500) at such times as required by state law.	any state administrator of any state in which this no	ntice is filed, a notice on Form D (17 CFR
3.	The undersigned issuer hereby undertakes to furnish to	the state administrators, upon written request, inform	nation furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is fam Exemption (ULOE) of the state in which this notice is for of establishing that these conditions have been satisfied	filed and understands that the issuer claiming the ava	_
	e issuer has ready this notification and knows the contents horized person.	s to be true and has duly caused this notice to be sig	ned on its behalf by the undersigned duly
	THE FOREGOING UNDERTAKINGS AND REF LE ISSUER ONLY TO THE EXTENT THAT SUCI TER APPLICATION OF THE NATIONAL SECUR	H UNDERTAKINGS AND REPRESENTATIO	NS ARE REQUIRED TO BE MADE
Is	suer (Print or Type)	Signature	Date
A	HM Holdings I, Inc.	I KAZ	12/4/2007
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)	
K	evin McMurtry	Chief Executive Officer	

(3) Not applicable for Rule 506 offerings.

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3			4			5		
	to non-a	d to sell ecredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)  Disquarker  Type of investor and expl amount purchased in State waiv (Part C-Item 2)  Objective to the price of investor and expl (Part C-Item 2)			Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Series A Convertible Preferred Stock ("P/S") and Debt ("D")	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No_		
AL.											
AK		<u>.                                    </u>	***************************************								
AZ											
AR			<u> </u>								
CA											
со											
СТ											
DE											
DC		Х	P/S- \$5,662,656	1	\$5,662,656	0	\$0		(3)		
FL											
GA	<u> </u>										
НІ											
· ID					ļ						
IL											
IN											
lA											
KS											
KY											
LA								<del></del>			
ME											
MD											
MA											
MI							·				
MN											
MS											
МО											

<sup>(3)</sup> Not applicable for Rule 506 offerings.

## APPENDIX

1		2	3	<u> </u>		4		T	5		
•	Intende to non-a investor	ed to sell accredited is in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)  Disqu under S (if ye explain amount purchased in State (Part C-Item 2)  Disqu under S (if ye explain explain (Part C-Item 2)			Type of investor and amount purchased in State					
State	Yes	No	Series A Convertible Preferred Stock ("P/S") and Debt ("D")	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE											
NV						_					
NH											
ŊJ		х	P/S- \$168,672 D- \$18,500,000	1	\$18,668,672	0	\$0		(3)		
NM											
NY		х	P/S- \$168,672	1	\$168,672	0	S0		(3)		
NC											
ND											
ОН											
OK											
OR											
PA											
RI											
SC											
SD											
TN											
TX											
UT											
VT											
VA											
WA			ļ								
wv											
WI											
WY											
PR											
Foreign Investors											

<sup>(3)</sup> Not applicable for Rule 506 offerings.

END